

WHILE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1161
Registered No. 193

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1137 Sullivan St. (1137) Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Josephina Fimbres { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Apr. 18 - 1929
Month Day Year

8. FATHER Full name Francisco Fimbres 14. MOTHER Full maiden name Pita Lozano

9. Residence (Usual place of abode) Miami, Arizona. 15. Residence (Usual place of abode) Miami, Arizona.
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 23 (Years) 16. Color or race Mex. 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Sonora, Mex. 18. Birthplace (city or place) Morenci, Arizona.
(State or country)

13. Occupation Nature of industry Laborer 19. Occupation Nature of industry Housewife

20. Number of children of this mother. _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byron M. Brown M.D. Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filled May 10, 29 19 Ed. E. Brown Registrar

162-418-934